



CITY OF YORK COUNCIL
Licensing Services, Hazel Court EcoDepot, James Street, York, YO10 3DS

LOCAL GOVERNMENT (MISCELLANEOUS PROVISIONS) ACT 1982 AS AMENDED
SCHEDULE 3 – CONTROL OF SEX ESTABLISHMENTS
Application for the Grant / Renewal / Transfer of a Sex Establishment Licence

TYPE OF VENUE

Sexual Entertainment Venue

Sex Shop

Sex Cinema

TYPE OF APPLICATION

Grant

Renewal

Transfer

008669

APPLICANT DETAILS

1. Is the applicant:

- An individual (please answer questions 2, 5 to 9)
- A company or other corporate body (please answer questions 3, 5 to 9)
- A partnership or other unincorporated body (please answer questions 4, 5 to 9)

2. Full name of applicant (individual):

Former or previous names:

Home address:

Post town:

Post code:

Telephone numbers:

Date of birth:

Email address:

3. Name of applicant (company name): LILACGRANGE LTD

Address of registered or principal office: 70 B GILLYGATE

Post town: YORK

Post code: YO31 7EQ

Registration number: 05842814

Email address:

4. Name and address of applicant:

Names and addresses of applicant's partners (please use additional sheet):

<p>5. Are there any other persons responsible for the management of the premises/business other than the partners? Please state their names and addresses:</p> <p style="text-align: center;">/ \</p>
<p>6. a. Has the applicant ever been known by any other name? YES / NO</p> <p>b. Has the applicant ever been convicted of a criminal offence? YES / NO</p> <p>c. Has the applicant ever been refused a sex establishment licence? YES / NO</p> <p>d. Has the applicant ever had a sex establishment licence revoked? YES / NO</p> <p>e. Has the applicant ever been served with a winding up petition? YES / NO</p> <p>If the answer to any of these questions is yes, please provide details:</p>
<p>7. Applicants' trading address or head office (other than the premises)</p> <p style="text-align: center;">THE PREMISES ARE THE TRADING ADDRESS AND HEAD OFFICE</p> <p style="text-align: center;">(70B GILLGATE YORK YO31 7EQ</p>
<p>8. Will the business for which this licence is sought be carried on for the benefit of a person other than the applicant? YES / NO</p> <p>If the answer is yes, state the name, address, place of registration, registered number and the identity of all directors, company secretary and those with a greater than 10% shareholding (use separate sheet if necessary).</p>
<p>9. Does the applicant operate any other sex establishments, licensed or otherwise? Please state name, address, and type of sex establishment of each.</p> <p style="text-align: center;">No</p>

PREMISES DETAILS

10. Please state the name the business will be known as:

THE ADULT SHOP

11. Is the premises a Building Vehicle Vessel Stall

12. Where is it proposed to use the vehicle, vessel or stall?

N/A

13. Does the company propose to only operate on the internet?
(f yes answer Q14 to 19 only)

No

14. Premises address 70B GILLYGATE

Post town YORK

Post code YO 31 7EQ

Telephone number at premises 01904 613 638

15. Which part of the premises is to be used as a sex establishment?

GROUND FLOOR SHOP (AS EXISTING)

16. Is the applicant owner lessee sub-lessee other

17. If the applicant rents the property state:

a. Name and address of landlord:

b. Name and address of the superior landlord:

c. Total annual rental: £5440

d. Length of unexpired term: 1 YEAR

e. Notice required to terminate tenancy: 3 MONTHS

18. Please provide details of the building management company (if appropriate):

NONE

19. State the current use of the premises:

SEX SHOP.

20. Has planning permission, or a certificate of lawful use, been obtained for the use of the proposed premises? YES / ~~NO~~

21. Can members of the public access the premises:
 a. Directly from the street? YES / ~~NO~~
 b. From other premises? ~~YES~~ / NO
 c. Not at all? (internet sales only) YES / NO

22. Are the premises currently being used as a sex establishment? YES
 Please provide details of the business currently operating the business:
 LILAC GRANGE LTD
 70 B GILLYGATE
 YORK YO31 7EQ

OPERATING SCHEDULE

23. Opening hours: (If internet sales only please tick here and continue to Q 26)

Monday	Tuesday	Wednesday	Thursday	Friday
10:00 20:00	10:00 20:00	10:00 20:00	10:00 20:00	10:00 20:00
Saturday	Sunday			
10:00 20:00	12:00 17:00	(ALL AS EXISTING)		

Any non-standard timings:

24. Has the applicant entered into any written or oral agreement in connection with the business, for example a management agreement, partnership agreement or profit share arrangement? Please provide details.
 NO

a. Please provide details of any lender, mortgage or others providing finance:
 NONE

b. Please provide details of any merchandising agreements:
 NONE

PREMISES MANAGEMENT

25. Please state the name of the person who will be in day to day control of the premises (the manager).
 a. Will the manager be based at the premises? YES / ~~NO~~
 b. Will the management of the premises be the manager's sole occupation? YES / NO

26. Who will be in control of the premises in the manager's absence (relief manager)?
 a. Will the relief manager be based at the premises in the absence of the manager? YES / ~~NO~~
 If you have ticked no to any of the above please provide details.

EXTERNAL APPEARANCE AND ADVERTISING – DO NOT COMPLETE FOR RENEWAL APPLICATION

27. Please describe the proposed exterior signage and advertising. Please include nature, content and size of each sign and any images to be used:

Please note that a drawing of the front elevation is required to be submitted with this application.

28. Please describe how the interior of the premises is obscured to passersby:

29. Please describe any proposed window displays:

30. Please describe how the business is to be advertised, ie business cards, billboard advertising, personal solicitation, advertising on motor vehicles, radio or television advertising:

RENEWAL

APPLICATIONS FOR SEXUAL ENTERTAINMENT VENUES ONLY

31. Is the proposal for full nudity? YES / NO

32. Describe the nature of the entertainment eg lap-dancing, pole dancing, stage strip tease:

33. State measures to ensure employees age and right to work in the UK:

34. Describe training and welfare policies:

Please enclose a copy of the welfare policy for performers (or equivalent document).

35. Please set out any further information you wish the authority to take into account.

SEXUAL ENTERTAINMENT VENUE

NO

36. Is there any information on this form you do not wish to be seen by members of the public?
If so state which information and the reasons why you do not wish it to be seen.

NO

CHECKLIST & ENCLOSURES

Enclosures

I have made or enclosed payment of the fee
I have enclosed three sets of plans of the premises
I have enclosed a drawing of the street elevation of the premises
In the case of an application to transfer the licence, include the completed Consent to Transfer form

DECLARATION

I declare that I have served notice of this application on North Yorkshire Police.

I declare that a public notice advertising this application has today been displayed upon the proposed premises where it may be conveniently read by the public and will remain thereon for a period of 21 days. A copy of the notice and the standard declaration is enclosed.

I declare that within seven days of the date of this application a public notice advertising this application will be publicised in the legal notices column of the local press.

A copy of the relevant press edition will be forwarded to the City of York Council Licensing Section.

I understand that if I do not comply with the above requirements my application will be rejected.

Any person who, in connection with an application for a grant, renewal or transfer of a sex establishment licence, makes a false statement which he knows to be false in any material respect of which he does not believe to be true is guilty of an offence and liable on summary conviction to an unlimited fine.

SIGNATURES

Signature of applicant or applicant's solicitor or other duly authorised agent, if signing on behalf of the applicant please state in what capacity./

Signature	Signature
Name (print)	Name (print)
Date 24th April 2019	Date
Capacity DIRECTOR	Capacity

Contact name (where not previously given) and address for correspondence associated with this application:

Post town Post code

Telephone number (if any)

If you would prefer us to correspond with you by email, your email address (optional)